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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Patent Number</b>		6,790,841
	<b>Grant Date</b>		September 14, 2004
	<b>First Named Inventor</b>		Zemlicka, J.
	<b>Title</b>	2-HYDROXYMETHYLCYCLOPROPYLIDENEMETHYL PURINES AND -PYRIMIDINES AS ANTIVIRAL AGENTS	
	<b>Art Unit</b>		1624
	<b>Examiner Name</b>		Mark L. Berch
<b>Attorney Docket No.</b>		WSS-374.02	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 

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☐ Practitioner(s) named below:

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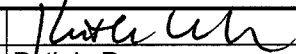
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	17 August 2007
Name	Ruth L. Rasor	Telephone	
Title and Company Director of Licensing, University of Michigan			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.